PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10588201

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	S .	37		100.0		۱ ا	RATE		OR 7			
FOR			-		A 11 14 45	55 5 75 .		BASIC FE	FEE		RATE	FEE	
· · · · · · · · · · · · · · · · · · ·			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	3 2m	inus 20=	* V	<u></u>		X\$ 9=	108	OR	X\$18=		
ΙN	DEPENDENT (CLAIMS	2 minus 3 = * C				ĺ	X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	493	OR	<u> </u>	 	
CLAIMS AS AMENDED - PART II								•			OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.45		1	000		
+145= TOTAL										OR	+290=		
								DDIT. FEE		JOR ,	TOTAL ADDIT. FEE		
_		(Column 1) CLAIMS	1	(Colum		(Column 3)				, ,			
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	- -	X43=		1 1	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700-		
							Ŀ	+145=		OR	+290=	•	
								TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE		
		(Column 1)		(Column		(Column 3)	· · ·	• • • •			·.	,	
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A40-		OR	→ →		
# If the paths in patients # in least the state of the st								145=		OR	+290=		
 H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
Ť	he "Highest Num	ber Previously Paid	For" (Total or	Independent) is the h	nighest number	found	in the appi	opriate box	in colu	mn 1.		